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"A STUDY TO ASSESS THE MARKET FEASIBILITY, TO START AN ONCOLOGY WING AS AN ENTREPRENEURIAL VENTURE AT KARAKONAM"

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ABSTRACT

BACKGROUND OF THE STUDY

The burden of cancer is still increasing worldwide despite advances for diagnosis and treatment. Cancer can have profound social and economic consequences for people in India, often leading to family impoverishment and societal inequity. This study initiated from the non availability of cancer wing in any of the surrounding hospitals at Karakonam. All the patients are approaching the hospitals in Trivandrum which is 48 Km away from Karakonam. There for in this scenario this study is trying to reveal these concerns and to assess the market feasibility to start an oncology wing.

OBJECTIVES

- ***To study and determine the existing facilities which is available to provide care for the cancer patients in Karakonam Region.***
- ***To study the existing Market for identifying the possibility and viability of starting a new cancer wing.***
- ***To assess the business potential for the venture.***
- ***To suggest best possible service & facility mix***

METHODS

A cross-sectional survey design was selected and 500 patients in the organization Questionnaires were distributed among them and yielded a response rate of 100%.

RESULTS

As a result of percentage analysis it was found out that the existing Market of Karakonam, Trivandrum is feasible to start an Oncology wing where all the services will be available under one roof which will fulfil the existing gap of healthcare needs of the population.

CONCLUSIONS

There are many facilities are available across Trivandrum to help the cancer patients and their families, but in Karakonam region there is no hospital which is providing the care for cancer patients. Therefore, there is a wide scope to come up with exclusive Cancer wing for secondary as well as for Tertiary Healthcare needs. Thus, the existing Market of Karakonam is feasible to start an oncology wing, where all the services will be available under one roof, which will fulfils the existing gap of healthcare needs of the population.

KEYWORDS: Cancer Wing. Market Feasibility & Karakonam

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Original Article

INTRODUCTION

"Time is shortening. But every day that I challenge this cancer and survive is a victory for me." – Ingrid Bergman

The burden of cancer is still increasing worldwide despite advances for diagnosis and treatment. Consequences of cancer would be both social and economical which in turn results in family impoverishment & societal inequality. India, most of the population does not have access to a well organized and well regulated cancer care system. A diagnosis of cancer often leads to catastrophic personal health expenditures. Such expenditures can push entire families below the poverty line and thus threatens the stability of the society. Aging is one of the main factor that is considered to have resulted in the increase in cancer incidence. A highly stratified and ethically diverse country like India emphasizes more on family for the provision of personal care. With respect to cancer services and all other forms of health-service delivery, this partly explains why costs are largely paid as out-of-pocket expenditures. In the case of outlays on drugs, this expenditure becomes more apparent. The probable account of medicines of all type comprises 20% of the Indian health spending. But, because their costs outlays on medicines have become a keen focus of attention since the additional bill for practitioners adds up the burden of people who have minimal access to other services. This focal point might, on occasions—along with an absence of public, professional, and political awareness of the underlying social and allied determinants of public health—have concealed more fundamental policy concerns which includes disputes about the licensing and pricing of patented anticancer treatments. One of the major drawback in management of cancer burden is the severe shortage of medical healthcare personal and healthcare training facilities to mold them. Moreover, their preference to work in affluent areas too skewed the distribution of cancer treatment facilities on geographical basis.

What is Cancer

Cancer is characterized by out-of-control cell growth and there are over 100 different types of cancer, which is classified on the basis of cell that is initially affected. Cancer affects the body system when these altered cells divide uncontrollably it results in formation of lumps or masses of tissue called tumors (leukemia is an exceptional case where cancer involved with normal blood function due to the abnormal division of cells in the blood stream). Tumors can grow and interfere the functioning of various systems in the body. However there are tumors that tend to stay at a particular spot and have limited growth and these are considered as benign

Epidemiology of cancer in India

Cancer cases in India are mostly associated with the use of substances like alcohol, tobacco etc. It is also found that social inequalities have also become a major determinant of cancer burden. Especially people from poor background are more likely to die from cancer in their younger ages than those who are rich.

By 2020 India is likely to have more than 17.3 lakh new cases of cancer and over 8.8 lakh deaths, due to cancer among which cancer of lung, breast and cervix would be high in the scale. Indian Council of Medical Research (ICMR), in 2016 said that the total number of new cancer cases is expected to be around 14.5 lakh and it is likely that the figure reaches nearly 17.3 lakh new cases by the year 2020. Over 7.36 lakh people are expected to have suffering this disease in 2016. However, it is estimated to shoot up to 8.8 lakh by the year 2020. It is understood from the data that only 12.5 % of the total estimated patients have seek medical care in the early stage. The current Indian population is 1,270,272,105 (1.27 billion). The incidence of cancer in India is 70-90 per 100,000 populations and cancer prevalence is established to be around 2,500,000 (2.5 million) with over 800,000 new cases and 5, 50,000 deaths occurring each year. More than 70% of

the cases are presented in the later stages which results in poor survival and high mortality. Deaths in India are due to cancers constitutes 6% which contribute to 8% of global cancer mortality.

Why do Feasibility Studies?

A feasibility study is a process to find out the viability of a proposed initiative or service and thereby providing a framework and direction for better development. This could result in making sound decisions and setting proper directions.

Beginning of anything from the scratch till its implementation is definitely a complex process. This study gives a preview of the outcomes which in turn would be of great use to the groups. The costs of conducting a study is been very less when compared with the total cost of the project and it definitely helps to protect the project and larger capital investments.. Feasibility studies are useful for many kinds of projects such as evaluation of a new business ventures, both from new groups and established businesses. Studies thus help groups decide whether to expand existing services or remodel facilities or to change methods of operation or even merge with another business. Whenever the decision makers wants to consider alternative development opportunities Feasibility studies permit planners to have a basic outline their ideas on paper before implementing them and also helps to reveal errors in project design before their implementation which has negative effects on the project. The study thus presents the risks and returns associated with the project so that it would be easier for the prospective members to evaluate them.

Market Feasibility

The market feasibility is entirely differing from economic feasibility. Potential impacts of market demand, competitive activities and market share available are viewed by market needs analysis. The start-up, ramp-up, and commercial start-up phases, it must need to analyses Possible competitive activities by the local, regional, national or international competitors for early contingency funding and impacts on operating costs.

OBJECTIVES OF THE STUDY

This research is carried to study the following objectives

- To study and determine the existing facilities which is available to provide care for the cancer patients in Karakonam Region.
- To study the existing Market for identifying the possibility and viability of starting a new cancer wing.
- To assess the business potential for the venture.
- To suggest best possible service & facility mix

REVIEW OF LITERATURE

- **MARKET FEASIBILITY OF AN UPCOMING HOSPITAL - AJMER, RAJASTHAN**

Authors: NITIN SIPPY1 & SHITAL NAIKWADE2, CBD Belapur, Navi Mumbai, Maharashtra, India

This report summarizes a market feasibility study that was conducted in October 2012 in association with a renowned firm. The aim of the study was to determine the feasibility of an upcoming 120 bedded Hospital in Ajmer, Rajasthan**.** Primary data (according to the catchment area defined) which includes 8 Multi specialty hospital Hospitals of the city, 30 Doctors Questionnaire. Personnel interaction with Executives of the company and Secondary Data includes

Census Reports-2011, WHO Health Report and Journals.

This research finds that Ajmer district has more Hospital Bed: Population ratio out of which more than 75% of beds are for primary care only. Therefore there is a wide scope to come up with Multispecialty Hospital for secondary as well as for Tertiary Healthcare needs. Thus the existing Market of Ajmer, Rajasthan is feasible to start a 120 bedded Multispecialty Hospital where all the services will be available under one roof which will fulfill the existing gap of healthcare needs of the population.

- **PATIENTS' SATISFACTION WITH QUALITY OF SERVICES PROVIDERS AT THE TERTIARY CARE CANCER HOSPITALS IN INDIA**

  Authors: Lam Khan Piang, VK Tiwari, KS Nair, Sherin Raj, Harneet Kaur, Ramesh Gandotra

This study assesses patients' satisfaction with the service providers, facilities and type of care among the patients who visited the tertiary care cancer hospitals in India. The study used IN-PATSAT32 questionnaire, developed by the European Organization for Research and Treatment of Cancer (EORTC), with a few modification to suit all the patients (in or out-patients) and also by adding 16 items. The high level of satisfaction of the patients from the services and care, provided by Doctors and Nurses, but relatively low satisfaction from associated facilities and poor information support necessitates investing more on infrastructure and human resources, at the government tertiary care cancer hospitals.

- **OPENING A PRIVATE HOSPITAL IN ROMANIA**

  Authors: Dr. Mihaela-Luminiţa STAICU[1], Dr. Marius SAVU[2]

This study reveals that, the market survey is important because, it reveals important information such as the character, needs and possibilities of the community, which the hospital is going to serve. The socio-economic characteristics of the community represent an essential factor, in establishing the type of hospital to be planned, Information concerning the occupation and age distribution, Manpower requirements (doctors, nurses etc and also the hospital's capacity to find and keep them) and Prediction of changes and their consequences.

- **MARKET FEASIBILITY REPORT ON SPECIALITY AND MULTI-SPECIALITY HOSPITALS IN INDIA**

  Authors: CYGNUS Business Consulting & Research, July 2009

The Market Feasibility report on Specialty/ Multi- specialty hospital by CYGNUS constitutes of three different models for hospitals namely: 200 bed Multi-specialty hospital, 100 beds Multispecialty Hospital and 100 bed Specialty Oncology hospital.

- **FEASIBILITY TO FIND OUT TRENDS IN OREGON'S HEALTH CARE MARKET & THE OREGON HEALTH PLAN (US)**

  Authors: Jeanene Smith, MD MPH, Administrator of Department of Human Services, Office for Oregon Health Policy and Research State of Oregon Feb 2009

Oregon's health care market has experienced significant economic, structural and policy Changes that affect the way hospitals, health insurance plans, providers and purchasers Do business. This report is a broad representation of the

Health care marketplace in Oregon so policy makers can better understand the Challenges Oregon faces.

- **FEASIBILITY STUDIES: THE KEY TO EVALUATING EXPANSION OPPORTUNITY**

  Author: Phillip Laux, MS

  Hospitals experiencing increasing levels of financial and market risk are turning to feasibility studies to determine if they should offer new or expanded services. This case study analysis is an overview and discusses thoroughness of the entire feasibility process.

- **PROJECT MANAGEMENT IN NEPAL**

  Author: Prof. Govind Ram Aggrawal (2008) Nepal Ekta Publications

  It studies the marketing viability of the project in terms of its ability to satisfy customer needs.

- **FINANCIAL FEASIBILITY STUDIES: 5 BEST PRACTICES FOR HOSPITALS**

  Authors: Bill Wilson and Bradley DeLong, Lancaster Pollard, July 02, 2014

  This study examines the best practices for organizations and businesses to pursue, such as Conduct a debt capacity study, Identify key service lines, establish a coordinated timeline, Build realistic revenue projections, Recognize Staff as a Key Expense.

- **EVALUATION OF SERVICE QUALITY OF HOSPITAL OUTPATIENT DEPARTMENT SERVICES**

  Authors: Chakravarthy, March 24, 2011

  A study was conducted at a peripheral service hospital, to ascertain any service gap between consumer expectations and perceptions in respect of the hospital outpatient department (OPD) services. Service quality gaps were identified to exist across all the five dimensions of the survey instrument, with statistically significant gaps across the dimensions of 'tangibles' and 'responsiveness.' It was a cross-sectional study was conducted using SERVQUAL as the survey instrument, the instrument being validated for use in the hospital environment. Consumer ratings across 22 items of the survey instrument were collected in paired expectation and perception scores and then service quality gaps were identified and statistically analyzed.

- **DESIGNING FOR PATIENT SAFETY: DEVELOPING METHODS TO INTEGRATE PATIENT SAFETY CONCERNS IN THE DESIGN PROCESS**

  Author: Anjali Joseph, PhD, EDAC, the Center for Health Design

  The study aimed to develop consensus around important patient safety issues to be considered during various stages in the healthcare design process and to identify key activities, methodologies, and tools for improving facility design in terms of patient safety.

  Resources and background materials for the seminar were developed by reviewing literature for design tools/approaches and a framework for tool evaluation, compiling opinion papers by industry and academic experts, and developing a safe design roadmap for healthcare administrators**.** One of the key findings from this study was that it is

critical to focus on patient safety issues during the pre design phase (strategic planning, master planning, operational planning, and programming) of a healthcare facility building project. This affects all key decisions made downstream in the project.

RESEARCH METHODOLOGY

PROBLEM STATEMENT

- The future of cancer care in India by designing, building and managing cancer centres with a steadfast vision: To transform cancer care environment by bringing core clinical services.
- The research is undertaken to study the market feasibility to start an oncology wing.
- To improve the quality of life of patients by making cancer a manageable health condition by the support of advanced technologies.

RESEARCH DESIGN

The research design of the study is **descriptive,** in this research design it includes-surveys and fact finding inquiries of different kinds.

RESEARCH SETTING AND SOURCES OF DATA

The area of research was confined to the cancer patients of Karakonam region, Trivandrum. The data used for the study was **Primary data** alone, which is the data originally collected in the process of the investigation. The data was collected by means of with the patient by the method of structured questionnaire.

SAMPLING DESIGN

A sample design is a definite plan for obtaining a sample from a given population the sampling design used in the study was **non probability- purposive sampling**

Sample size: The sample size used in the study is 500.

PILOT STUDY

It is a small scale preliminary study conducted before the main research in order to check the feasibility or to improve the design of the research. As a part of the research a pilot study was conducted among 50 patients.

TOOLS AND TECHNIQUES

The data collected is examined using various statistical tools statistical tools used for analysis are as follows:

- Percentage analysis
- Chi-square analysis
- Graphical analysis
- Bar diagrams b. Line graphs c. Pie charts d. Histogram

METHODS OF DATA COLLECTION

The primary data used for study was collected by using structured interview consisting of 24 questions out of

which 13 are related to Cancer Patients Experience survey questions whereas 11 are biographical data questions. The questions are framed in such a way that it points out and measures the patients' views regarding the expectation and perception of quality with regard to the Cancer care.

LIMITATIONS OF THE STUDY

The study was subjected to the following limitations

- Does not include financial feasibility report
- The facility description is according to client's wish list, not standard.
- The sample size was limited to 500. hence it cannot be said whether it is representative of larger population.
- The respondents were sick patients, so it was difficult to collect the data from the respondents.
- Area of study was confined to Karakonam region only.
- The findings so found cannot be generalized and pertains only to Karakonam region, Trivandrum

TIME BUDGET

The study was carried out for a period of JANUARY 2017 TO APRIL 2017.

BRIEF PROFILE OF KARAKONAM

Karakonam is a town in Kunnathukal, Perumkadavila Block Panchayat of Thiruvananthapuram district in the Indian state of Kerala. It is located around 30 km from Thiruvananthapuram. Karakonam is a small settlement in Thiruvananthapuram District, Kerala. Located around 30 km from Thiruvananthapuram, this rural area is marked by beautiful ponds, canals and green fields, and a calm and serene atmosphere. Karakonam CSI Medical College is the major landmark. Nagercoil Railway Station and the Neyyattinkara Railway Station serve Karakonam. Trivandrum International Airport is the nearest airport.

FINDINGS

PERCENTAGE ANALYSIS

- 1.6% comes under below 25 years category, 4.4% under 25 to 35 years category, 16% under 35 to 45 years category, 44% under 45 to 55 years category and 34 %in above 45 years category.
- The chart shows 44% of the respondents are males and 56% are females.
- Among the respondents who participated in the study 6% of respondents having educational qualification of post graduation and above, 14.4% of respondents having graduation, 18% of respondents having pre-degree, 27% of respondents having high school education, 34 % of respondents having primary education and 0.6% were illiterate.
- Among the number of respondents 96.4% were married and 3.6% were unmarried.
- Among the number of respondents 44% were employed and 56% were unemployed.
- Among the respondents who participated in the study 13.4% of respondents having monthly family income of less

than 5000 INR, 62% of respondents having monthly family income of 5000 to 15000 INR and 24% of respondents having monthly family income of15000 to 25000 INR.

- Among the respondents who participated in the study 54.8% of respondents were under the treatment in R. C. C, 32.6% of respondents were under the treatment in Medical College and 12.6% of respondents were under the treatment in Private.
- Majority of the patients who are admitted in the inpatient department choose this hospital because of the insurance facilities available and consists of 72.6%, 27.4% comes under affordable and accurate cost category
- Majority; i.e., 36.2% of respondents were under the treatment of Chemotherapy, 2.2% of respondents were under the treatment of Surgery, 15.6% of respondents were under the treatment of Radiotherapy, 24% of respondents were under Combined treatment and 22% of respondents were under other Treatments.
- Majority; i.e., 84% of respondents had financial assistance and in that 42 % of respondents had RSBY, 28 % of respondents were under Karunya Scheme, 16 % of respondents had Private insurance, 42 % of respondents had Chief Ministers Relief Fund and 42 % of respondents had Medical reimbursement.
- For the distribution of patient's views on the length of time you had to wait before your first appointment with a hospital doctor majority; i.e., 48% of respondents were dissatisfied, 6% of the respondents were highly dissatisfied and 22% of the respondents were Neutral.
- For the distribution of patients views on the way you were told you had cancer majority; i.e., 58% of respondents were satisfied and 32 % of the respondents were Neutral.
- For the distribution of patients views on you have given written information about the type of cancer you had majority; i.e., 44% of respondents were Neutral, 24% of respondents were satisfied, 8% of respondents were highly satisfied and 13% of the respondents were dissatisfied.
- For the distribution of patients views on the hospital staff give you information about support or self-help groups for people with cancer majority; i.e., 52% of respondents were dissatisfied, 8.40% of respondents were highly dissatisfied, 25.8% of respondents were Neutral and 9.6% of respondents were satisfied.
- For the distribution of patients views on the hospital staff gives you information about how to get financial help or any benefits you might be entitled majority; i.e., 51% of respondents were dissatisfied, 13.4% of respondents were highly dissatisfied, 28.8% of respondents were Neutral and 4.2% of respondents were satisfied.
- For the distribution of patients views on there were enough nurses on duty to care for you in hospital majority; i.e., 60% of respondents were Neutral, 13.% of respondents were satisfied and 24% of the respondents were dissatisfied.
- For the distribution of patients' views on have you given enough privacy when discussing your condition or treatment majority; i.e., 60% of respondents were Neutral, 13. % of respondents were satisfied and 24% of the respondents were dissatisfied.
- For the distribution of patients views on hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital majority; i.e., 58% of respondents were dissatisfied, 8.6% of

respondents were highly dissatisfied, 3 % of respondents were Neutral and 20.2% of the respondents were satisfied.

- For the distribution of patients' views on you also told about any side effects of the treatment that could affect you in the future rather than straight away majority; i.e., 59.4% of respondents were Neutral, 24. % of respondents were dissatisfied and 2.6% of the respondents were highly dissatisfied.
- For the distribution of patients' views on you involved as much as you wanted to be in decisions about your care and treatment majority; i.e., 48% of respondents were Neutral, 27. % of respondents was satisfied and 14.8% of the respondents were highly satisfied.
- For the distribution of patients' views on you have given clear written information about what you should, or should not do after leaving hospital majority; i.e., 48% of respondents were Neutral, 27. % of respondents were satisfied and 14.8% of the respondents were highly satisfied.
- For the distribution of patients views on The last time you had an outpatients appointment with a cancer doctor, did they have the right documents, such as medical notes, x-rays and test results majority; i.e., 24.2% of the respondents were dissatisfied, 18.8% of respondents were highly dissatisfied, 23 % of respondents were Neutral and 20.4% of the respondents were satisfied.
- For the distribution of patients views on the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care majority; i.e., 40.2% of the respondents were dissatisfied, 10% of respondents were highly dissatisfied, 2.4 % of respondents were Neutral and 40.8% of the respondents were satisfied.
- For the distribution of patients views on the Overall, how would you rate your care majority; i.e., 40.2% of the respondents were dissatisfied, 10% of respondents were highly dissatisfied, 2.4 % of respondents were Neutral and 40.8% of the respondents were satisfied.

Chi-Square Analysis

Chi-Square Analysis has been done with demographic variables and cancer patient experience survey and found there is no significant relationship between age, gender, educational status, marital status, employment status, monthly family income and Cancer Patient Experience Survey.

DISCUSSIONS

- The study reveals that the existing Market of Karakonam is feasible, to start an Oncology wing.
- The patient experience survey reveals that, the patients are dissatisfied with their current treatment facilities.
- Since the present treatment facilities are far away from the home it is not easily accessible to the patients it leads to high level of dissatisfaction.
- Financial assistance for the treatment is one of the major parameter of concerns from the part of patient.
- Quality of service plays an important role rather than a outlook or other facilities while choosing a hospital by the patient.

SUGGESTIONS

- Aggressive marketing has to be done with respect to making a new brand entity in the Region.
- Tie up with Tertiary care hospitals for co-branding or to start as the extension of services by the hospital will helps to serve the needy people.
- The hospital has a huge potential for oncology wing as there is no cancer care facilities in nearby areas.
- There are not many of the hospitals with NABH accreditation and therefore proposed hospital can claim to be one of its kinds by providing best Quality Care services.
- Insurance Coverage's and other financial assistance have to be promoted. Since the cost is too high outside or match with proposed facility, patients fly down to the proposed oncology wing
- Proper signages and advertisements have to be placed, to make aware the patients that the proposed service is available.

CONCLUSIONS

Cancer is one of the major ailing which has many forms and stages. Those who are fighting and surviving with cancer have always hard-hitting physical, emotional and financial burdens. There are many facilities are available across Trivandrum to help these patients and their families, but in Karakonam region there is no hospital, which is providing the care for cancer patients. Therefore there is a wide scope to come up with exclusive Cancer wing for secondary as well as for Tertiary Healthcare needs. Thus, the existing Market of Karakonam is feasible to start an oncology wing, where all the services will be available under one roof, which will fulfils the existing gap of healthcare needs of the population.

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QUESTIONNAIRE

Basic Information

- **AGE OF THE RESPONDENTS**

  a. 15 to 25 years b.25 to 35 years c.35 to 45 years d.45 to 55 years- 220 e.. Above 55 years

- **GENDER OF THE RESPONDENTS**

  a. Male b. Female

- **Educational status**

  a. illiterate b. primary education (class 1-7) c. High school d. pre-degree

  e. graduation f. post -graduation and above

- **MARITAL STATUS**

  a. Single b. Married

- **OCCUPATION**

  a. Employed b. Unemployed

  If employed please specify

- **MONTHLY FAMILY INCOME**

  a. Less than 5000 INR b. 5000 to 15000 INR c.15000 to 25000 INR d. Above 25000 INR

- **TYPE OF CANCER**

  Please mention

- **WHERE YOU ARE UNDER THE TREATMENT FOR CANCER**?

  a. R.C.C b. medical college c. private d) other(please mention)

- **WHY DID YOU CHOOSE THIS HOSPITAL**?

  a. Easy Accessibility b. Excellent Healthcare services offered c. Competent and Caring Staff

  d. Affordable and accurate cost e. Insurance coverage available in the hospital

- **TREATMENT MODALITY**

  a. chemotherapy b. surgery c. radiotherapy d. combined e. other treatment

- **DO YOU HAVE ANY FINANCIAL ASSISTANCE**?

  a. yes b. no

  If yes please specify

  a. RSBY b. Karunya c. Private insurance d. Chief Ministers Relief Fund e. Medical Reimbursement f. others

Instructions: please Indicate your Level of Satisfaction with the Statements with Reference to the Table Furnished below

Highly Satisfied-5	Satisfied -4	Neutral -3	Dissatisfied-2	Highly Dissatisfied-1

(Please tick your answer in appropriate box)

	Cancer Patient Experience Survey	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied
12	Were you comfortable with the time duration you had to spend waiting for consulting doctor for first time?					
13	Were you comfortable with the way in which you were informed regarding your disease?					
14	Were you given any written information regarding the type of cancer?					
15	Were you informed about self-help groups for people with cancer by the hospital staff?					
16	Were you given proper directions by the hospital staff about how to get financial help or any benefits you might be entitled to?					
17	At the time of treatment were there adequate nursing staffs to take care of you?					
18	Was privacy a matter of concern for you at the time of treatment?					
19	Were you informed whom to contact in case of emergency once you leave the hospital?					
20	Did the hospital staff made you aware of the side effects that could affect you in the future rather than straight away prior to start your treatment(s)?					
21	How do you feel about your involvement in decisions about your care and treatment?					
22	Did the hospital staff guide you in understanding the do's and don'ts to follow once you leave the hospital?					
23	How do you feel about the attitude of people like GP, hospital doctors, hospital nurses, specialist nurses, community nurses towards you as a medical care seeker?					
24	Overall, how would you rate your care					